

STATEMENT OF INTERESTS

INSTRUCTIONS: This form must be used to report all interests required to be disclosed under the Conflict of Interest Disclosure Act (T.C.A. §8-50-501, et seq.) Disclosure statements must be filed annually by January 31 by officeholders, no later than thirty (30) days following the qualifying deadline for candidates and within thirty (30) days from the date of appointment for appointees. Amended disclosure must be filed whenever reported conditions change because of the termination or acquisition of interests for which disclosure is required.

Individuals holding or seeking state offices specified in T.C.A. §8-50-501 must file their disclosure statements with the Registry of Election Finance, 404 James Robertson Parkway, Suite 1614, Nashville, TN 37243-1360 (phone 615-741-7959). Individuals holding or seeking elected city or county office must file their reports with the county election commission.

Officeholders may complete items 1- 4 and skip to item 14 if there has been no change in condition since the previous report. The disclosure statement must be signed and the signature attested to by a witness in item 15. Attach additional pages as necessary. Please type or print all information in black lnk.

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1. DATE OF DISCLOSURE	2. NAME OF	OFFICIAL C	R CANDIDAT	E	
3-10-05	J100	Dasi	ms		
3. ADDRESS AND PHONE	Street or Rural Route	e City	State	Zip code	Phone
SIT SCHAUVIEV	. LH	50004	Y2166-	TN 3734	173 332-9272
4. TITLE OF OFFICEHELD OR	SOUGHT (Include d	istrict number	, if applicable)	,
C. TY C.O.					
5. SOURCES OF INCOME: LIS	t major sources of yo	our private Inc			
minor children residing with you. salaried employments. No dollar			includes, but is	s not limited to, o	fices, directorships and
- 205001	P3~510	n			
500190	SUCURI	7			
INVESTMENTS: List any inverse organization in excess organization.	of ten thousand dollars	s (\$10,000) o	five percent (5%) of the total c	apital. The name of the
corporation or organization must	be listed but no dolla	r amounts or	percentages o	of the investment	need to be stated
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 LOBBYING: List any person spouse or minor children residing hold any interest for whom compet to be supported or opposed. 	with you. Also, list ar	ny firm in which	h you, your sp	ouse or minor ch	hildren residing with you
NONE					
PROFESSIONAL SERVICES: services, such as those of an atternation.					
NONE					
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LEGISLATIVE EXPENSES (For members contributions from private sources for use in d your legislative duties.	of General Assembly one, List the amount and source (by name) of any efraying the expenses necessarily related to the adequate performance of
promoting or opposing, influencing or attempt	rou receive from any person, firm or organization who is in the practice of ing to influence directly or indirectly, the passage or defeat of any legislathe legislative committees or the members thereof.
NONE	
11. BANKRUPTCY: List any adjudication of five (5) years of the date of this report.	bankruptcy or discharge received in any United States district court within
NA	
12. LOANS: List any loan or combination of made in the previous calendar year to you, yo closed on this report if they are:	loans for more than one thousand dollars (\$1,000) from the same source our spouse or minor children residing with you. Loans need not be dis-
 From your immediate family (spouse, p From a federally insured financial institution business of making loans. The loan measures repayment, evidenced by a wr Secured by a recorded security interest made on a basis which assures repaymentization schedule. From a partnership in which you have a 	ution or made in accordance with existing law in the ordinary course of doing ust bear the usual and customary rate of interest, be made on a basis which itten instrument and subject to a due date or amortization schedule. In collateral, bearing the usual and customary interest rate of the lender and yment, evidenced by a written instrument and subject to a due date and at least ten percent (10%) partnership interest. fifty percent (50%) of the outstanding voting shares are owned by you or by
13. ADDITIONAL INFORMATION: List any a	additional Information you wish to disclose.
14. OPTION AVAILABLE TO OFFICEHOLDE	ERS ONLY (Check if applicable):
There has been no change in con	ditions since my previous report.
15. TO BE SIGNED BY REPORTING OFFICE	CIAL OR CANDIDATE (must be attested to by witness)
	I certify that the information contained in this disclosure statement
	is true and that it is a complete and accurate report of all matters
	that I am required to disclose by the Conflict of Interest Disclosure Act.
	Jim aclam 3-10-05
	Signature of Official or Candidate Date
	I, the undersigned, do hereby witness the above signature which was signed in my presence.
2005 HAR 11 PH 2: 29	San Duni 3/10/100
COMMISSION EFECTION MENTION CO	Signature of Witness Date